

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO

ADING DAY

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		/				
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	(1)					

	IND	DEP	IND	DEP	IND
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					